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**Trauma-informed training in police custody:
a qualitative case study**

Final Report

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Abbreviations

Adverse childhood experiences: ACEs

Police Custody and Security Officers: PCSOs

National Trauma Training Framework: NTTF

National Trauma Training Programme: NTTP

NES: NHS Education Scotland

Tomorrow's Women Glasgow: TWG

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Executive summary

Summary:

This project describes a qualitative case study of the perceptions of impact of trauma-informed training on a single police custody suite, where all custody staff had undertaken an evidenced-based training package devised by NHS Education Scotland. Focus groups and interviews were conducted with three groups: i) custody staff ii) senior staff with responsibility for custody staff and iii) keyworkers from a women's support organisation linked to the custody suite.

The aim was to examine the perceptions of the impact of the training concerning day-to-day working in police custody, a service-level perspective and external views on the extent of any impact. The results suggested that the trauma-informed training had positive impacts in relation to police knowledge, attitudes and potentially to behaviour. There was agreement that police custody is a critical window of opportunity to route people to positive destinations, but that further work remains to be done in relation to moving fully towards a trauma-informed police custody.

Recommendations:

1. Working towards a multi-agency approach is crucial to facilitate the best possible custody experience and referral pathways for women in custody.
2. Trauma-informed training needs to be ongoing as one-off training limits reflection on, and development of, practical skills.
3. Where staff can use their discretion regarding certain custody procedures (e.g., strip search, use of restraint), this should be communicated to them with clear guidance and support for justifying deviations from standard protocol.
4. Services should pay greater attention to the application of trauma-informed approaches in police staff support.

1 Introduction

Within the UK, there is an increasing recognition that responding to vulnerability is a key feature of modern policing (College of Policing, 2015). A large body of research has also highlighted that people who encounter the criminal justice system have experienced a disproportionate level of adverse childhood experiences (ACEs) or trauma (Craig et al, 2017; Ford et al., 2019; Fleming and Nurius, 2020). In response, there has been an increasing motivation for police to become trauma-informed. Harris and Falot (2001) introduced the term to describe a systems-level approach to acknowledging that people who interact with the system may have experienced trauma and to understanding how previous trauma may relate to current behaviours.

Police custody is a detention in response to a suspicion of a crime and involves a number of potentially traumatising and re-traumatising experiences, including deprivation of liberty, isolation, restraint and body searches (Dehaghani, 2021). Trauma-informed approaches are therefore warranted to recognise vulnerability in those in police custody and reduce potential re-traumatisation.

In addition to accounting for the traumatic experiences that those coming into contact with the police may have, trauma-informed practice also recognises that providing support for traumatised people can be a vicariously traumatising process. There is widespread acknowledgment of the stressful nature of policing, including direct or indirect exposure to potentially traumatic events such as death, injury or sexual violence (Dhanani et al., 2022; Raver and McElheran, 2023). Police organisational culture is often described as unsupportive (Dhanani et al., 2022), further exacerbating stress. Given the high levels of mental illness and PTSD in police (Asmundson and Stapleton, 2008; Chopko and Schwartz, 2012), trauma-informed training has potential benefits for officers, as well as the public.

The aim of the current project was to provide in-depth qualitative views of police aligned to a single custody suite in Glasgow, Scotland, where custody staff had completed trauma-informed training. This was achieved through three sources: custody staff, senior staff with service-level responsibility and responsibility for custody suite staff, and keyworkers within a support service aligned to the custody suite. Through synthesis of these data sets, we explored barriers and facilitators of integrating trauma-informed approaches into police custody.

2 Trauma and adverse childhood experiences

2.1 Definitions and impact

There is a robust body of research to support the view that trauma and adversity have significant negative impacts on the lives of people who experience them. Despite this, the

knowledge that people detained in custody have trauma in their lives is not effectively interwoven into custody settings.

Trauma

Although definitions of trauma vary, it can be broadly defined as “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening.” (SAMHSA, 2014, p. 7). Trauma can be physical, psychological or emotional in nature and can be linked to a single event (e.g. a physical or sexual assault or a road traffic accident), a series of similar events (childhood sexual abuse or domestic abuse) or a combination of adverse events (e.g. childhood neglect, parental divorce and family substance use). How trauma is experienced will depend partly on the protective factors that an individual can access, for supportive relationships, or family resources. Trauma, therefore, is specific to the individual, their perceptions and coping mechanisms and the support available to them.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are negative childhood experiences that can, but do not necessarily impact a person’s neurodevelopment, physical and mental health, behaviour and view of the self across the lifespan (Felitti and Anda, 2010; Felitti et al., 1998). ACEs can be interpersonal in nature, such as childhood physical, sexual and emotional abuse, as well as emotional and physical neglect, but also includes wider incidences of family dysfunction. This includes having a family member in prison or who has mental illness, or domestic abuse or substance use within the family, as well as loss of a parent through separation or bereavement. ACEs are thought to have an additive effect, where an increased number of ACEs denotes greater exposure to stress during child, with a greater likelihood of negative impacts. However, the experience of ACEs is, again, individual.

Impact of trauma and ACEs

Experiences of trauma and adversity can affect mental health, behaviour and emotions. In particular, trauma and adversity in childhood has the potential to impact brain functioning and stress responding system, leading to chronic arousal and difficulties in calming after threat (Duffy et al., 2018; Tomalski and Johnson, 2010). Trauma affects people individually, but potential outcomes include impulsive behaviours, hostile or anti-social behaviours, inability to form or maintain relationships, substance addiction as a means of coping, self-destructive thoughts and behaviours, depression and feelings of shame or hopelessness (Substance Abuse and Mental Health Administration Services, 2014a).

It is important to note that experiences of trauma and adversity do not necessarily lead to negative outcomes in everyone but may increase the risk. Trauma and adversity have been

linked to an increased risk for involvement with the criminal justice system across the lifespan (Honorato, Caltabiano, and Clough, 2016; Wolff, and Shi, 2012). People with high rates of adversity are more likely to have contact with police in adolescence (Jackson et al., 2022) and as adults are more likely to be involved with aggression and violence (Dierkhising et al., 2013; Sarchiapone et al., 2009), either as a perpetrator or victim (Bellis et al., 2014; Fox et al., 2015). High rates of trauma and stressful life events are common in the prison population across different gender and ethnicity groups (Ashton et al., 2016; Altintas and Bilici, 2018; Carnie et al., 2017; Carlson and Shafer, 2010),

Despite these findings, some groups in custody have particular vulnerabilities. Women have higher rates of some types of trauma than men, including interpersonal sexual trauma in childhood, domestic abuse and violence, rape or sexual exploitation, leading to ongoing trauma effects (Komarovskaya, et al., 2011.) Women in custody also have a higher incidence than men of mental health problems and self-harm histories (Hawton et al., 2014; McKinnon et al., 2013). Due to the increased potential for a trauma history in women in police custody, this study sought to garner views of a service that supports women in the criminal justice system.

2.2 Trauma-informed approaches

Being aware of the potential impact of trauma can lead to a better understanding of why people offend and re-offend. This, in turn, has the potential to generate new ways of thinking about how we interact with people in custody settings to promote potentially more positive outcomes for people.

What is a trauma-informed approach?

Trauma-informed practice is not designed to treat the trauma related difficulties but promotes the view that everyone in the workforce has the potential to understand and respond to people impacted by trauma. In 2018, the Scottish Government pledged to support the resilience and recovery of children and adults affected by trauma. This pledge involved the establishing of a National Trauma Training Programme (NTTP; NHS Education Scotland). The framework sets out the knowledge and skills required to recognise where an individual might be affected by trauma and be able to adapt their behaviour to minimise any distress. This framework conceptualises trauma-informed as being underpinned by five Rs:

- **Realising** how common the experience of trauma and adversity is
- **Recognising** the different ways that trauma can affect people
- **Responding** by taking account of the ways that people can be affected by trauma to support recovery

- Opportunities to **Resist re-traumatisation** and offer a greater sense of choice and control, empowerment, collaboration and safety with everyone that you have contact with
- Recognising the central importance of **Relationships**

Being trauma-informed means recognising the impact that trauma, including but not limited to ACEs, has on an individual, seeking to avoid re-traumatisation with shame, blame or unnecessary physical intervention and providing appropriate support. Taking a trauma-informed approach can enable people to change and encourages desistance (Rowles and McCartan, 2019). Trauma-informed approaches are service-level approaches that apply to people working within the service, as well as service users.

Staff training about trauma and trauma-informed practice are often the first step taken by an organisation when it commits to becoming trauma-informed (SAMSHA, 2014). These trainings provide information about the prevalence and effects of trauma with the goal of changing staff attitudes, improving knowledge and changing behaviour. These trainings appear to be effective in the short term (Purtle, 2020), but less is known about how to create trauma-informed systems change (Hanson and Lang, 2014).

Relevance of trauma-informed approaches to police custody

Trauma-informed approaches are particularly relevant to police custody for a number of reasons. Firstly, recognition of vulnerability is paramount to prevent re-traumatisation and potentially route detainees to support agencies. Individuals who enter a custody suite are often vulnerable through a trauma history, mental illness, substance abuse, age, or gender (Baksheev et al., 2012; HMIC, 2015). Identifying vulnerability is complex, for example distinguishing between the influence of substances and a mental health crisis is challenging (Clayfield et al., 2011). Furthermore, police custody is a busy and chaotic environment, which together with lack of privacy presents relational challenges to detainees in disclosing vulnerability issue to police (McKinnon and Finch, 2018). Additionally, while police may be willing to engage with individuals with complex histories, they do not always connect behaviour to historical trauma (Auty et al., 2018).

The experience of custody per se can be re-traumatising for individuals. Custody suites are fundamentally intended to house perpetrators and not victims despite most perpetrators having been themselves victims at one point (Miller and Najavits, 2012). Mental health problems can be further compounded by the custody environment (Baksheev et al., 2012), while common procedures such as restraint and strip searches can be potentially re-traumatising (Covington, 2008; Vaswani, 2015). Dehaghani (2021) has argued that the custody suite per se reduces individual resilience, rendering detainees vulnerable through a combination of isolation, limited interactions with others, lack of control, and uncertainty,

leading Skinnis (2011) to characterise custody as ‘mini prison’. On the other hand, custody can present a unique opportunity for assessment and intervention in a group of people who are often reluctant or unable to access mainstream services (Bradley, 2009).

Lastly, Police custody is a detention in response to a suspicion of a crime. Depriving a person of liberty can be associated with violent situations and injuries (Gahide et al., 2012), which are potentially traumatising to officers working within custody.

3 Context of the research

Govan custody suite In Glasgow provided a unique opportunity to explore the experience and impact of service-wide trauma-informed initiative. Officers and civilian staff (Police Custody Security Officers) situated in Govan custody suite completed had completed trauma-informed training between September-October 2020, with a completion rate of 100%.

The training was NHS Education Scotland (NES) trauma informed training (Practice Level 1). The NES National Trauma Training Programme was developed in 2016 by NES, at the request of the Scottish Government. The NTTP comprises a set of resources to promote and implement trauma-informed practice within Scotland, and is linked to the [NES Transforming Psychological Trauma knowledge and skills framework](#) for the Scottish workforce.

At the study design stage, Govan custody was all running a pilot partnership with Tomorrow’s Women Glasgow (TWG), an innovative and unique criminal justice centre for women with complex needs, involved in the criminal justice system in Glasgow. The aim of the service is to support women in addressing needs and issues that prevent them from living positive lives, and which might be related to crime involvement. Although the pilot had ended at point of data collection, views of keyworkers from TWG were still viewed as providing a valuable external perspective.

4 Research aims and objectives

Using an in-depth qualitative approach, the aim of this study was to explore the impact of trauma-informed training on custody staff from an individual and service-level perspective, as well as gathering an external view from a linked support service. The aim was to capture rich data on the impact of the training, as well as identifying barriers to trauma-informed working as well as potential areas for future development.

A body of research has investigated the impact of trauma-informed training on the knowledge and attitudes of individuals within a service, there are a number of limitations of this approach. Firstly, bias occurs when surveys assess components that are strongly

emphasised in training (Purtle, 2020). Secondly, there is dearth of measures that capture systems-level change (Champine et al., 2019). By contrast, qualitative research has the potential to capture issues relevant to a particular context, for example implicit organisational barriers to change. In this study, a qualitative case study was employed. This is an approach to research that facilitates exploration of an issue or phenomenon within its context using a variety of sources, to ensure that the issue is viewed from a variety of perspectives (Yin, 2003). This leads to increased opportunities to identify salient issues from within a service context.

Three data sources were: i) focus groups with custody staff (police officers and Police Custody and Security Officers (PCSOs)). These focused on the experience of the trauma-informed training and implementation in police custody ii) Focus group with keyworkers from a women's support service linked to the custody suite (TWG). This provided an external view on the extent to which the custody suite was trauma-informed, particularly in relation to support referrals, and iii) interviews with senior staff aligned to the introduction of the trauma-informed training, or who had responsibility for custody suite staff. These interviews focused on service-level views on drivers of the trauma-informed training.

5 Research design

5.1 Permissions and Ethics

Permission to conduct this research was supplied by the Academic Research unit at Police Scotland.

Ethical approval was received from the University of Edinburgh Clinical Psychology ethics panel and Police Scotland Academic Research panel. For the focus group with council service (TWG), ethical approval was also received from Glasgow City Council.

All research data is managed and stored according to the University of Edinburgh Research Data Management Policy. All personally identifiable data has been anonymised according to the Data Protection Act 2018 and the General Data Protection Regulation (EU) 2016/679 (GDPR).

5.2 Sampling and recruitment

Inclusion criteria

- Police officers/PCSOs: all who had undertaken trauma-informed training and working in or aligned to Govan custody suite
- Keyworkers: previous work with women who had experienced Govan custody suite

Recruitment procedure

Police officers and PCSOs: The research team sent an email with a short explanation and link to an online survey containing the Participant Information Sheet, consent form and contact info. Police Scotland facilitated focus groups and interviews during work hours.

Support service: the research team had verbal consent from the organisation at the point of submitting the grant application. Once ethical approval had been received from Glasgow City Council, the research team contacted the service manager who provided email details for keyworkers. Keyworkers were sent a survey link to the PIS and consent form and the Research Assistant ensured that consent had been given prior to setting up a focus group during work hours.

5.3 Data collection

Data collection within Police Scotland took place between 08/02/2022 and 29/08/2022.

Custody staff group: Three focus groups were conducted online with nine participants. Of these, four were Police Custody and Security Officers (PCSOs), two were sergeants and three were police constables. Three were female and six were male. Participants ranged in age from 34 to 50 years (Mean = 42.67 years). Years in police service ranged from three to twenty years (Mean = 12.22 years).

Senior staff group: Four interviews were conducted with senior staff aligned to the custody suite. These were two sergeants and two inspectors. All were male; ages ranged from 39 to 50 years (Mean = 45 years). Length of service with the police ranged from seventeen to twenty-two years (Mean = 18.75 years).

Demographics for police staff are provided in table 1 below. Demographics were not matched to participant ID to avoid identification of police staff.

Support service group: Data collection with support service keyworkers took place in August 2022. A single online focus group, lasting 30 minutes, took place with three keyworkers from TWG. These were a criminal justice social worker, a social care worker and a community psychiatric nurse. Length of service ranged from five to fifteen years (mean = 9). To preserve anonymity in this small participant group, no demographic details were published.

Table 1: Demographics of police staff

| Age | Gender | Length service (yrs) | Designation | Type |
|-----|--------|----------------------|-------------|---------------|
| 47 | Female | 6 | PCSO | Focus group 1 |
| 40 | Male | 9 | PCSO | Focus group 1 |
| 50 | Male | 3 | PCSO | Focus group 1 |
| 44 | Female | 19 | Sergeant | Focus group 2 |
| 42 | Male | 19 | Sergeant | Focus group 2 |
| 37 | Female | 15 | Constable | Focus group 3 |
| 49 | Male | 20 | Constable | Focus group 3 |
| 34 | Male | 12 | PCSO | Focus group 3 |
| 41 | Male | 7 | Constable | Focus group 3 |
| 39 | Male | 17 | Inspector | Interview |
| 43 | Male | 22 | Inspector | Interview |
| 48 | Male | 21 | Sergeant | Interview |
| 50 | Male | 19 | Sergeant | Interview |

PCSO: Police Custody and Security Officer

5.4 Data analysis

The data derived from the focus groups and individual interviews were audio-recorded and uploaded into secure university password-protected servers, before recordings were deleted. Transcription was done by CL. Anonymised transcripts were analysed using the principles of Thematic Analysis (Braun and Clarke, 2006). The transcriptions were examined in detail, both individually, and across the data, to identify broad patterns of responses from police staff. Thematic codes were identified and mapped to distinct, but associated, themes. The themes were further refined and, through an iterative process, were reviewed for fit across the whole dataset to ensure consistent representation of participant responses. Data were cross checked and analysed by at least two members of the research team (KG, CL and ZB). Findings were consolidated by KG and ZB.

6 Findings

6.1 Views of custody staff

Focus groups with custody suite officers and civilian staff generated four themes, with six sub-themes (in brackets). They were: 1: Enhanced understanding of trauma and its impacts (trauma is individual, trauma presentations are individual); 2. Relationships as the foundation of trauma-informed practice (rapport building; empowering speaking up); 3. Facilitating positive outcomes (custody as an intervention opportunity, perceptions of police as a barrier); 4. What about us?

Theme 1: Enhanced understanding of trauma and its impacts

Trauma is individual

All participants within this work package expressed the view that, as individuals, they approached their roles within Police Scotland, and interactions with the public, with empathy and respect, regardless of the trauma-informed training. However, the majority acknowledged that the training provided them with enhanced skills to make linkages between a detainee's presentation and their lived experience.

One of the most striking observations was that participants displayed a high level of flexibility in their thinking about what constitutes trauma and how it potentially impacts people. They were able to articulate that different circumstances or events had the potential to cause trauma in different people, depending on that person's coping capacity or perception of the event:

"it could be the three of us sat here and [participant] saying to me. 'You were just in a car crash, for God's sake. That was 10 years ago.' But to me it could still be like it happened five minutes ago. So, I'd say that's where that becomes trauma, because it will affect you for a long, long time, rather than you just walk away from it and go 'Oh well, that happened to me, let's live with it, I can cope with it'." [P9]

"You don't know the person, you can't judge a person for what they've gone through and in the training it just kind of gives you that kind of perspective on how to look at things, because you can't look at everyone the same way." [P7]

The enhanced understanding that individual perceptions and coping mechanisms could partly determine outcomes or presentation led, in some, to a reflection on previous beliefs about individuals in their care.

"We used to be taught that you know, to remain, dignity, fairness, respect and everything that the police is all about, that we treat everybody the same, but I actually think we're evolving to learn that we don't treat everybody the same, that everybody that comes into custody has got their own individual need." [P6]

Trauma presentations are individual

Alongside the understanding that trauma can affect individuals in different ways, was an understanding that presentation of trauma symptoms could vary. In particular, participants noted that people who had experienced trauma did not always display dysregulated behaviour, such as aggression or self-harm, but that people with a trauma history could equally be quiet and compliant.

"A lot of the time the people that are vulnerable - it can be people that are very quiet and not telling you anything - they can be the ones, like we have a care plan to go through, you know... twenty questions, and a lot of ones that actually have had the

worst trauma say 'no' to everything and you've got to try to see beyond the 'no's a lot of the time. " [P9]

For some, understanding how a previous trauma history might be linked to a current situation enabled them to engage with people who were dysregulated and facilitated conversations about root causes.

" [He] said he was going to kill himself and all this, and I was like, 'Hold on.' When I got to the bottom of it, it was his daughter had died as a baby and just speaking to him, I was thinking about, 'Why? What's going on because of that trauma'? Like, he's been through trauma. I just said that to him, 'I know, you've been through a lot. I don't know exactly what, but that's the reason you're here.' I just got into a conversation with him until he understood that he's been through a lot." [P8]

Despite the majority of officers and PCSOs believing that the training had enhanced their knowledge, some stated that the training had not enhanced their knowledge, or found it unmemorable.

"I'll be honest, I can't remember. I honestly can't remember." [P 13]

In general, participants who had been offered an opportunity to engage in group work following the training found it more beneficial, while some who had completed it as stand-alone online training found it less engaging.

"you're hearing different people's thinking, different perspectives. You take it in." [P8]

Overall, the training was well received, but participants noted that they would have benefitted from ongoing training, such as yearly refresher courses or follow-on training.

Theme 2: Relationships as the foundation of trauma-informed practice

Rapport building

All participants mentioned interpersonal aspects of applying trauma-informed principles. Pivotal to this was the capacity to establish a rapport with people in their care. Although the time pressure of the custody suite was commonly cited as a barrier to establishing rapport, officers and PCSOs acknowledged that this was possible within the confines of their work.

"You can either open the hatch and say, "Are you ok?" and if the person says, 'Yes', you can close the hatch and go away, or invest that wee bit of time and open the door and speak to the person and build a wee bit more of a rapport with them. " [P10]

Establishing a rapport with people detained and having the confidence to engage in conversations about wellbeing was viewed as having the potential to de-escalate challenging situations.

"Someone could be hitting you, or are being really aggressive or threatening you, but two minutes later, if you have engaged with them, you can talk them down and then

you go, 'Right, so what's happened here'? People then say to me, "Would you know I was assaulted?" or "I was raped" or something like that." [P1]

Understanding how trauma and adversity could affect how people behaved enabled some staff to be less responsive in their interactions with detainees.

"I think it teaches you to be not quite so frustrated with people... sometimes you have a tendency to bite back at them, 'cause maybe you've had a bad day as well and you're wanting to argue with them and you realise, well we're actually just going in circles, we're not going to get anywhere with that." [P9]

One PCSO noted that the training had led to some adjustment in their understanding of their role in relation to defusing volatile situations.

"sometimes I think previously we've probably been too quick to go hands on, so, you know, with the training now, the conflict management and being able to talk about it, and step back is, is, is perhaps the better way to deal with it and I think that's what we're actually seeing now with the custody staff. Instead of jumping in and helping the cops, it's almost like they're defusing the situation." (P11)

Empowering speaking up

Having a secure knowledge base about trauma and its presentation empowered staff to advocate on behalf of people who they considered to be vulnerable. Some participants reported that this led to an adjustment in processes, for example offering a cell with a glass door or foregoing a strip search where a person's capacity was in doubt.

"I identified right away that he's got learning difficulties...and I didn't give him a strip search. I went to the sergeant and came in like, 'no, he shouldn't be strip searched, he doesn't even understand why he's here' and she was like no, 'that's a good call'." [P8]

This perception was supported by a sergeant who agreed that officers or civilian staff undertaking the processing of individuals could guide the process:

"so a lot of the times we [sergeants and team leaders] do take our guidance from the custody staff member who's speaking to the person, who's processing them, speaking to them, taking their details." [P5]

"they [custody staff] are empowered to advise us, make decisions, speak their mind, and tell us if they think there's something potentially wrong with that person and I think that, has the trauma-informed training helped that? Probably, to an extent it has, yeah." [P5]

Theme 3: Facilitating positive outcomes

Custody as an intervention opportunity

The majority of participants recognised that the custody suite was an opportunity to engage people who might otherwise be reluctant to engage with support services.

"We do offer referrals and things like that, but actually the custody suite while it's good that you've got people almost, I don't want to say a captive audience, but you've got people there, you've got an opportunity to make interventions." [P5]

"Whereas, if we can get the ball rolling in here, we can maybe start to make a wee difference to that person's life. You'd be amazed at how little it takes, to make a difference, to get them to turn their life around." [P12]

"if you can get one of our members of staff that's saying, 'I hear you and I can make that phone call on your behalf and link you in' sometimes that's all it takes" [P11]

Taking a trauma-informed approach enabled police and civilian staff to connect trauma to adversity to offending behaviour and conversely, positive intervention to a potential interrupting of negative cycles of behaviour. For some, there was recognition that this applied to every detained person, regardless of crime involvement.

"be that that you've been a victim of something, or be that you're actually are the perpetrator, it's the same principles isn't it, that you're going to apply to it... because if you can find the trauma that's maybe led to this person offending, if they can identify that in themselves, that might be enough to stop them offending." [P9]

Despite this, there was acknowledgement that individual attitudes were a barrier to some staff in making referrals.

"some [custody suite staff] are more sympathetic and try to help people. There's other people that are, 'Look, they're here for a reason: you're being punished, I'm not interested." [P1]

Perceptions of police as a barrier

Although custody was viewed as an opportunity to offer support, it was acknowledged that people detained in custody were sceptical about referrals, partly due to repeated failed attempts to get support, but partly due to negative perceptions of police.

Sometime, yeah because obviously for some people there is, was a bit of an anti-police bent on just not being interested in things that are coming from us [P3]

"I think it helps to disconnect slightly from the police." [P3]

Furthermore, participants believed that the public perception of police would be resistant to change, due to the nature of policing.

"I think it will take a long time because a lot of them don't trust us and that's just the nature of the beast and you know, we're authoritative, so they don't trust us in general." [P9]

Referrals to external support services were viewed as being more acceptable to people in custody. In particular, peer mentors – individuals with lived experience of recovery or mental health issues were viewed as providing legitimacy in recommending support.

We have custody [peer] mentors... been in offering support to people in custody and it's almost like giving them avenues of escaping from their criminal offending behaviour (P.11)

Officers and PCSOs therefore viewed distance from the police service as advantageous for people accessing support.

Theme 4: What about us?

Being able to reflect on the individual nature of trauma, its impact and its presentations facilitated reflection on the fact that police are continually exposed to events that most people would consider traumatic and that police officers are also vulnerable to the impact of cumulative exposure:

'... you didn't want to be seen as the weak one on your shift that had to go and see the counsellor or, you know, so I think the trauma training could actually help us to recognise things in ourselves when we've had bad cases. Obviously, we all deal with horrendous things and then we're just expected to like deal with that then move on to the next call.' [P9]

In the same way that the trauma-informed training facilitated empowering staff to initiate conversations with detained people, some staff felt that the training might empower them to recognise symptoms of deteriorating mental health in colleagues and initiate a conversation:

"It would make them more willing to take that step to saying to somebody, 'Are you ok? Like, I've noticed a change in you and that,' but definitely from the training, it would, impart them with that knowledge, but whether they'd want to act on it, that's another question. [P10].

Although custody staff acknowledged that mental health support was available, there was a perception that it was inadequate, especially in comparison to other emergency services. One custody staff member highlighted an incident involving the death of a child, where there was a noticeable difference between how police and paramedics were responded to by senior staff.

I think where the, when you see other emergency services especially, we're the worst. They [senior staff] don't care. [P8]

Thus, while custody staff felt the training had the potential to lead to greater recognition of the impacts of trauma, custody staff felt that the service, as a whole, did not offer them the same understanding that they were expected to show to people detained in police custody.

6.1.2 Summary and recommendations from custody staff

Custody staff felt the training had empowered conversations with detained people and colleagues and had potentially led to less reactive behaviour in challenging situations. Police custody was viewed as an opportunity for positive intervention, but public perceptions of the police hampered support referrals. External support was viewed as more palatable. Custody staff perceived that the service could be more trauma-informed in relation to police staff. Recommendations were:

- Trauma-informed training needs to be refreshed or augmented over time. It cannot be a one-off training
- Service should pay greater attention to trauma-informed approaches to police staff, particularly in relation to critical incidents
- Facilitate referrals to external support agencies or increase opportunities for external support services within custody

6.2 Views of support service keyworkers

Tomorrow's Women Glasgow (TWG) is an innovative and unique criminal justice centre for women with complex needs, involved in the criminal justice system in Glasgow. The aim of the service is to support women in addressing needs and issues that prevent them from living positive lives, and which might be related to crime involvement. This focus group focused mainly on examining participants' perceptions of pilot project between Govan custody suite and TWG to ensure that women in custody received appropriate referral. At the time of data collection, the pilot had effectively ended, due to data sharing issues. The results reported here are therefore a reflection of a pilot scheme that had effectively ended.

Three themes were generated: 1) Custody suite as a critical juncture; 2) Down to attitude and training, and 3) Embedding within the service.

Theme 1: Custody suite as a critical juncture

Keyworkers positioned the custody suite as a critical juncture, where timely and appropriate referral to services had the potential to positively impact the life trajectory of women in the criminal justice system. In support of this, they offered examples of a small number of women who had been successfully referred to support, whose needs might otherwise not be recognised:

“But there's, there's people out there...who are struggling. They've mental health problems, addiction problems and that. There's nobody there to support them. They don't know where to turn to and, to me, that was a good thing about this plan, because you were managing to pick up on these people”. [P14]

Referral to a service such as TWG was viewed as ‘a lifeline’ [P15] for women in navigating the support available and making initial contacts:

“Glasgow has got a lot of options for people. But if [women] don't know about that, they feel hopeless and they don't feel like there's any help and we hear that all the time: ‘Nobody's helping me,’ but there are options here and I suppose it's just about us getting that exposure and the custody unit for, certainly the women who've come through, and has been that option and has been that, that lifeline. ” [P15]

In support of their claims, keyworkers described a small number of cases where they had been able to support women in addressing homelessness, financial and addiction issues. In one case, children had been taken into the care of the local authority, emphasising that detainment in custody had the potential to escalate a negative trajectory:

“so had she not had that referral to us things could have escalated, you know. She wouldn't have had the support to try and get her kids back and things like that. So that was a really good success in that respect. But had she went to another police station, then she'd never have got the referral. ” [P15]

In further support of the custody suite being a critical juncture, keyworkers noted that it was often a time-limited period where women who had been detained were open to the idea of engaging with support.

“and as [P14] said, it was 3/4. days down the line and the women is out and she's saying maybe now thinking she no needs help because she's back at the cells and she maybe doesn't feel as concerned about what's happening. ” [P15]

Being alerted to women currently in the custody suite also had the benefit of being able to offer support during the stay. TWG work with other organisations, such as Siroptimists Glasgow, who were able to provide personal care items, such as clean clothes and toiletries for women in custody.

“they were, you know, maybe first time offenders getting into an argument, domestic abuse, and they were lifted in their [pyjamas]. And they're sitting in the cells in their jammies, you know, and that for the first time offenders, that are someone who's not used to the system, it must be traumatic and horrific.” [P14]

It was particularly emphasised that it was integral to the women’s dignity to have the opportunity to get clean and change out of the clothes that they had been arrested in, before appearing in court, in a public setting. Thus, the referral pilot had afforded an opportunity to work with other services, to provide initiatives that reduced shame, maintained dignity and lessened the impact of a traumatic event. Keyworkers thus

characterised the referral pilot as a unique opportunity to capitalise on a critical and time-limited juncture to provide actions in line with a trauma informed approach.

Theme two: Down to training and attitude

Despite highlighting a small number of successful cases, keyworkers spoke at length about barriers to successful referral. These barriers were characterised as predominantly being linked to inconsistencies in officers' understanding of the aims of pilot and the information required. A view was put forward that some officers understood the aims of the pilot, others viewed it as a 'tick box exercise':

"You could tell the referral forms was from the same police staff that had more information. You know, were a bit more thorough and more valuable, but the other ones, sometimes it was just a name and a date of birth and needs, needs help with her life." [P15]

Examples of incomplete referrals were inappropriate referrals, incomplete contact information, and failure to meet the criteria for the service (for example, main residence outside of Glasgow) or vague referral needs. There was a perception that police officers and staff had not received adequate guidance or were not exercising critical judgement. As an example, a key worker cited a referral for a woman who was going to be remanded in custody, prior to a trial:

"why do that? Because the person is going to get automatically remanded because they killed somebody in [place name], you know, so it's common sense. So again, I think it's down to the, the training and the attitude of the officers within the project." [P14]

TWG keyworkers were often able to trace women with minimal contact details, if they were known to other support services but this was time intensive.

Theme three: Embedding within the service

Keyworkers noted additional barriers to successful referral. Firstly, some women were reluctant to disclose phone numbers or personal details to a police officer, while in custody, Secondly, TWG operates five days per week so referrals made over the weekend could result in a woman having been sent to court before the email was picked up on Monday. For these reasons, keyworkers believed the pilot would have been more successful, had they had the opportunity to have a presence in the custody suite. This would have afforded opportunities in terms of being able to interact with women directly and evidence the value of the service to police officers and staff:

“but if you want it to work long term, it has to be really, really consistent, everybody has to be doing the same thing. And we would have loved to have actually managed to get in, you know, to the cells to see the women to and also spend time with the staff, do you know what I mean, you know, it's a hard sell when you meet somebody once and then you're saying, well, this is a great idea, trauma informed and people go well that's great and then of course they got on with the job, so they forget about it. ”
[P16]

Without this service-level embedding, it was noted that the impetus to sustain the pilot was dependent on a small number of individuals who were motivated to make it succeed. When these individuals left the custody suite, it rendered the pilot vulnerable:

“[Name] put a lot of time and a lot of his own time and a lot of research in but that's the difficulty when you know you are the lead and then you're kind of moved on and there's nobody there to take that over.”[P16]

6.2.1 Summary and recommendations from support keyworkers

Support service staff viewed police custody is an opportunity to connect with hard-to-reach individuals, who were not in contact with other services therefore inter-agency working is crucial to creating positive pathways for detained people. They noted that there were missed opportunities for intervention due to incomplete or inappropriate referrals. Keyworker attributed this to individual attitude or a lack of training in some police staff.

- More could be done to afford dignity to women in custody, through provision of toiletries, clothing etc.
- Joint training between police and support services would highlight need for complete referral information
- Great linkage between support services and custody staff/nurses would facilitate successful referrals
- Having support service representatives on site would be optimal

6.3 Views of senior police

Interviews with senior staff generated five main themes: (1) Conflict in success markers, (2) Constraints versus flexibility (*Time and resources constraints* and *Procedural flexibility*), (3) Allocating responsibility, (4) Doing more to protect staff, (5) Steps in the right direction

Theme 1: Conflict in success markers

Senior staff mainly highlighted increased understanding of what lies behind offending behaviour, and increasing staff confidence in acknowledging that, as the primary goals of the trauma-informed training.

“we’re not here to solve people’s problems and unpick everything that has caused them to be in police custody but it was almost like to give the custody staff that confidence to identify that behaviour that may be as a result of this person may have suffered from trauma at some point and having that confidence to open the conversation with somebody and say; “tell me what’s going on, what’s happened?” [P2]

This was mainly seen to be an urgent requirement due to the continuing increase in people presenting at custody with mental health a vulnerability issues:

“we are meeting people who are regularly [who] have suffered significant trauma either as individual or complex events and their behaviours then manifest in such a way that they become to the attention of police.” [P2]

However, while participants were relatively consistent in their perceived goals of trauma-informed training, there were conflicts in how they believe success should, or would, be measured. Some perceived success very directly as the achievement of the goals outlined above:

“For me, a success would be the staff’s knowledge of it and how comfortable they are with recognizing the signs of, of trauma, and their knowledge of where to signpost people and how it can make a difference” [P1]

“An enhanced service for people in police custody and enhanced service for every interaction we have with public... would be a success.” [P2]

However, there was acknowledgement that basing success on elements measured by opinion and experience rather than statistics can be problematic in a numbers-driven organisation like Police Scotland, especially where real impact might not be observed for decades to come:

“we can’t measure prevention, so it doesn’t sound as glamorous when you put it on to promotion forms or different things, even for the scrutiny as a national force, things that, or different committees of senior executives have to go through.... but if we act now, it might not be in my time in the police that we see it but in 20 years, in 30 years we’ll see the benefits of it and the part that that plays in society.” [P1]

In line with this, more measurable statistics that they felt would reflect successful integration of TIP included arrest referrals to partner agencies, a reduction in complaints against the police and a reduction in the use of force [P2].

Only one participant [P3] referred to staff wellbeing as a marker of successful TIP integration, indicating that this could be demonstrated through a reduction in staff marked as absent for mental health-related concerns, and more successful return-to-work procedures.

Theme 2: Constraints versus flexibility

Pressure on time and resources

Participants indicated that waiting times for mental health assessments at local hospitals can be excessive, ranging from 6-12 hours. This leaves constables more inclined to take detainees to custody, rather than to hospital, to avoid a considerable loss of shift time whilst on hospital watch:

“Young cops with young supervisors out on the street its always, what if I arrest them, it’s somebody else’s problem and I can go back to my job of policing, so I think that is a big challenge that has to be looked at from an organisational point of view.” [P2]

As a result of this, custody staff are often required to support those who are in the midst of a mental health episode, despite not being qualified to do so. However, this decision was not always due to officer decision-making; Participants talked about the custody suite being used as a fall back for the under-resourced NHS, especially in suites with a resident nurse:

“routinely we would despatch people to hospital, we’ve had injuries that need treatment as far as we were concerned and the consultant at the hospital got fed up with this and was turning folk around at the door and sending them back, he says you’ve got nurses at custody, they can deal with this” [P3]

The time that custody staff spend with individual detainees was also said to be far more limited than in the past, which gives them limited time to engage with them in a meaningful way, especially when they have competing demands during any given shift:

“the problem is an issue in other areas and one of them is the actual amount of time that people spend in custody now, it’s more limited, whereas if you were in a scenario where it was in a prison you would have a lot longer to engage with somebody, it’s a totally different dynamic.” [P1]

“there’s competing demands within the custody environment of: you’ve got to do the checks, whether it be 15, 30 minutes, being aware that there’s always somebody else being booked in, being aware there’s always somebody getting fingerprinted, photographed, moved about, released from custody so, being very aware of all these things, you know.” [P2]

Financial constraints were also raised, both in relation to having the power to make change to the environment to make it less sterile and more soothing, and in terms of increasing manpower to allow custody staff the time to form more meaningful and supportive relationships with detainees:

“we don’t have an endless stream of money to keep employing people to do that, you know, and it’s almost like we have to draw a line in the sand as to, that’s not really a police job to do, that, do the therapy-enhanced support” [P2]

Procedural flexibility

Engrained policies and procedures regarding how a detainee must be dealt with when attending custody were highlighted as a potential barrier to achieving full-scale trauma-informed practice. The policy cited most frequently was in relation to GDPR and information sharing, which was seen to be detrimental where Police Scotland did not have a formal information sharing agreement in place with a valuable support agency. Participants believed that restrictions on their ability to share detainee information with relevant support agencies, even when the detainees themselves had requested referral or given consent, put people at a real disadvantage:

“the information sharing agreements and GDPR, Police Scotland tie us all up in knots so actually that person becomes disadvantaged because they don’t get referred in.” [P2]

Other requirements that were seen by participants as necessary, but potentially contradictive of trauma-informed principles, included the wearing of operational safety equipment. While items including a baton, handcuffs and PAVA spray (an incapacitant spray) are standard issue for all police and custody officers as a means of protection, participants acknowledged that the presence of these items on a person might be perceived as threatening to someone in crisis:

“our police staff, when they’re in custody, should be wearing their belt with their baton, handcuffs, their PAVA spray on it and even that can be a physical barrier... they’re basically carrying weapons around their waist, is what the public perceive rather than, they won’t see it as being safety equipment.” [P1]

However, while all police officers, including custody suite staff, are inherently constrained by the policies and procedures of the organisations, senior staff were very forthcoming in clarifying that there is flexibility within these parameters.

“I don’t think people are bound by procedures or processes or legislation to not be able to do their best for somebody in a traumatic situation” [P3]

“There are some policies that have got some barriers to it but there’s always ‘where there’s a will there’s a way’ to work round those.” [P1]

“if you’re doing it for the right reasons and you can stand up and say that you did it because it was the right thing to do then you’ll have my full support every time, you know, you’re not doing for, out of ill will or malice then I’m good with that.” [P2]

The general sentiment amongst all of the senior staff interviewed was, as the quotes above demonstrate, that certain policies or procedures could be flexibly interpreted so long as the officer was able to demonstrate that this was in the best interest of the person they were dealing with. This shifts responsibility onto individual officers to ‘make the call’ as to whether some procedures can or cannot be disregarded in a particular situation, which links into the next theme: Allocating responsibility.

Theme 3: Allocating responsibility

There was consensus that all members of police staff have a responsibility to do their job in a trauma-informed way. It was agreed that this message should be fed down consistently and clearly from senior management, with clear indicators as to why it is important, but that the behavioural element must be driven by those working on the frontlines:

“everyone’s got an individual responsibility but a hundred percent from the top down, that’s got to be the message and make sure that that’s cascaded out properly so that people understand just the overall direction of travel that the force are going into” [P1]

While a view that everyone must take individual responsibility for being trauma-informed was emphasised, this was frequently aligned with the notion that all individuals should be able and willing to use their discretion in its implementation, which may be problematic for those early in their careers who may be concerned about how such action may impact on their career trajectory. Participants repeatedly referred to the importance of “justification” and “rationale” for acting in a trauma-informed way that might contradict policies or procedures:

“restraining somebody, again, it’s all about being able to justify that and it be proportionate to the threat that you’re facing at the time so yeah, I think staff do have a choice and they can make that choice themselves, again but that boils down to, sort of, again, the circumstances of what you’re dealing with.” [P4]

However, one sergeant did acknowledge that this might not be well communicated to staff in lower ranks, who may be wary to use their own discretion where it conflicts with standard procedures:

“We have to become bold and actually document “we will support staff doing the right thing for people”, you know, as well as the organisation, but that’s a step that has to basically come from the top down, to say “you will be supported if you do anything”.” [P2]

Theme 4: Doing more to protect staff

While only P1 indicated better staff wellbeing and support was a primary goal and success indicator of the trauma-informed training, all participants talked about the pressures that come with police work. The primary concern was the level of trauma that police staff face on a day-to-day basis, with some feeling that custody officers often received less acknowledgement and support, despite being faced with highly traumatic experiences:

“Police Scotland has mechanisms in place, however its usually utilised only for serious incidents that have happened externally to the custody environment and they’re almost like, the custody staff are almost like the forgotten soldiers.” [P2]

“death in custody, it’s a traumatic thing if somebody dies within your care, you’re, you’re being responsible for their care so the spotlight turns on you.” [P3]

The impact of the traumatic nature of the job was seen to be compounded by the struggle that staff face trying to manage such a physically and emotionally demanding job alongside personal commitments:

“people are burning the candle at both ends trying to look after loved ones and do their job... the PCSO teams are doing 12 hour shifts and its, they do five in a row, so that’s a 60 hour week, they get five days off after but the first two days is recovery time” [P3]

There was consensus that there was a responsibility for senior staff to “look after the wellbeing of our staff”. Most felt that the current measures in place (such as the TRiM programme – ‘Trauma Risk Management in the Police’), while well meaning and impactful if engaged with, often were not offered with enough urgency or force to help as much as they could:

“we get correspondence all the time, just about every day, regarding wellbeing in some description and there’s obviously the employee assistance programme and stuff like that so yeah I think the police service, they certainly do a lot more than they used to with regards to the welfare of the staff.” [P4]

“We respond to it when it’s gone too far unfortunately, you know when somebody goes off sick because they cannae cope, that’s when we respond to it.” [P3]

“we’re basically giving lip service to the leaflets, you know, they’re not actually leading us to where the support is or how it can actually impact people.” [P2]

Contributing to this was the ongoing concern that, while the organisation has come a long way in terms of being open, accepting and supportive of staff mental health, there is still a long way to go to change the perception that officers can remain unaffected by their workplace trauma:

“I know personally people that have been off and not let them know its stress because they think, “oh that will hinder my promotion ambitions in the future, and I’ll never get into firearms if I’ve got a history of mental health”.” [P1]

“there probably is still is a bit where, not everybody, but there will be some people going “man up”, “he’s at it”, like “get on with it” and, but I don’t know how you completely delete that forever cos everybody’s got different levels of resilience, of, what might bounce off of you would be crippling to me and vice versa” [P1]

Theme 5: Steps in the right direction

Staff acknowledged the introduction of improvements as a result of trauma-informed training including changes to the environment (e.g., introduction of distraction devices –

though there was scepticism from P4 as to their success in this context), and changes to procedures (forced removal of clothes during strip search, post-incident process following deaths in custody, officers now forced to provide referral options). Most prominent, however, were reports of a shift in perspective regarding how trauma can impact the choices and behaviour of detainees.

“personally I think it's made me listen a bit more or not make any snap judgements or decisions about how I deal with somebody, I think I'm a little bit better at recognising when somebody's traumatised, whether its physically or mentally” [P3]

“was he thinking to himself “I'm going to assault this police officer”, or was he waking up fighting for his life? That's what he was doing and I'm better at recognising that” [P3]

“it's knowing that if we don't do anything then basically we just push that cycle of reoffending on to the next one, so I think that we're becoming more intelligent to that, moving away from being just, well we definitely are moving away from being just an enforcement agency” [P1]

In terms of future aspirations, the importance of continuing to move towards a more multi-agency approach was viewed as a beneficial way to counteract resource limitations and improve outcomes for those in custody:

“if we had that multi-agency approach in here I think we'd be able to make a difference to some people's lives, I would like to think we can make a difference to a lot of people's lives, having all those facilities in the one place” [P3]

“it's police officers having that confidence to turn around and say, “you know, I don't have the plaster to fix that wound but I know this organisation does.” And linking people in so that they're getting the correct level of support by professionals or people that are trained and skilled to deliver that.” [P2]

The senior staff believed that trauma-informed training should continue to be delivered to all police staff, including the introduction of refresher and top-up training to ensure legacy impact. It was also noted that it was important to ensure that senior staff at higher levels are also trauma trained, rather than only public-facing staff, in order to promote a wider organisational shift.

6.3.1 Summary and recommendations from senior staff

Senior staff were of the view that a trauma-informed custody suite in Govan was a long-term goal that would be difficult to evidence in the short-term. They agreed that further work needed to be done to embed trauma-informed ways of working, including further training and supporting staff in interpreting policies and procedures through a trauma-informed lens. A perceived lack of support for mental health of officers was viewed as

barrier to changing staff attitudes. Multi-agency working was viewed as way to counteract resource limitations. Recommendations were:

- Clear communication that trauma-informed responses are the responsibility of all staff
- Provide guidance to staff on how policies and procedures can be interpreted flexibly to avoid re-traumatisation or harm occurring
- Further acknowledge the impact of workplace trauma on staff, particularly immediate responses to traumatic incidents
- In the longer-term, determine potential outcome measures that would evidence change from trauma-informed practice

7 Discussion

7.1 Aim of this research

Govan custody suite set out with an intention to become a trauma-informed custody suite. The overall aim of this research was to provide an in-depth insight into the views of staff working within the custody suite, senior staff with responsibility for those staff and service-delivery and external people in a service affiliated with the custody suite. The aim was to interpolate effectiveness of training and barriers to practical implementation.

Although many services are now implementing trauma-informed approaches, with notable exceptions (Barton et al., 2020; Ford et al., 2017) these are rarely evaluated. Moreover, trauma-informed services are service-led approaches that can lead to a culture shift. The aim of this study was to explore in-depth the views of custody staff who had completed evidence-based training

7.2 Effectiveness of the training

Based on the qualitative data from custody staff, the NTTF training had a positive impact. Officers and PCSOs who participated were able to articulate a nuanced understanding of trauma, its impacts and presenting behaviours. Staff who had participated in group discussion following the training found greater benefits. The majority felt they would have benefitted from refresher training or enhanced training. This view was shared by the senior staff who felt that the training had been the first step, but more could be initiated by the service, for example having custody sergeants undertake enhanced training to support staff under their care.

Senior staff noted that outcomes from trauma-informed training might be difficult to measure to evidence success, and that any measurable impact was likely to take many years to manifest.

7.3 Importance of relationships

Custody staff suggested that benefits of the training included greater awareness of the effects of trauma in people in custody and in colleagues and feeling more empowered to engage in conversations around mental health. Police custody is a fast-paced environment, with limited opportunities to establish relationships. Yet, trauma-informed staff found ways to interact with people detained in custody that facilitated establishing a rapport and noted benefits from this, including greater disclosure of support needs and, for some, a means of defusing challenging situations. The ‘tend and befriend’ approach has been previously noted in the context of high stress situations (Taylor, 2012). Enhanced understanding of the links between trauma and neurobiological responses may also help officers to control emotions during stressful encounters (Stelnicki et al, 2021).

7.4 Barriers to change

Custody staff and senior officers agreed that time and resource constraints hampered trauma-informed practice, as custody staff have limited capacity to engage with people in a meaningful way. Despite this, some custody staff felt it was possible to respond in trauma-informed ways within the current time constraints. Both custody staff and keyworkers noted that individual variation in motivation to support people in custody was a determining factor in how custody staff responded.

Both custody and senior staff noted that officers were inherently constrained by policies and procedures of the organisation and that deviation from these shifted responsibility onto individual staff, creating potential staff concerns.

7.5 Police culture

Police culture is distinct from many other public-facing services, as a primary role is crime detection and prevention (Brough et al., 2016; Caveney et al., 2020). The cultural context of policing was raised as a barrier to implementing trauma-informed practice, both through public suspicion of support offered by officers and through a perceived lack of attitudinal change in some police staff, leading to a reduced motivation to engage with support of custody detainees. At the same time, there was a prevailing view that police culture is slowly changing and trauma-informed initiatives have the potential to support this.

7.6 Referrals to support services

All participants were unanimous in the view that referring people to appropriate external support was a key element of a trauma-informed custody suite. Both custody staff and keyworkers viewed custody as a ‘critical juncture’ where support could be offered to people who otherwise would not access it. These groups differed in how they conceptualised it. Custody staff viewed referral to external support necessary, as their

role was not predominantly focused on support. By contrast, keyworkers expressed a wish to have greater integration within custody and increased knowledge sharing between custody and support services. The broader literature on partnerships suggests that having a shared vision is pivotal to overcoming structural, procedural barriers to inter-agency working (Hardy et al., 2003). In this case study, there was agreement that support has the potential to improve the lives of people in custody and route them to a positive destination, potentially reducing re-offending.

8 Limitations

By its nature, qualitative research is not generalisable; the aim of this research was to provide an in-depth overview of the views of people affiliated to single custody suite where all staff had accessed trauma-informed training. That said, there might still have been elements of selection bias in the police officers who agreed to be interviewed or take part in focus groups. However, a range of views was expressed in focus groups, ranging from those who found the training particularly helpful to those who remembered it only vaguely. The age range of the police participants was 37-50 years and therefore under-representative of younger officers.

The training took place in October- November 2020, with data collection occurring between February and May 2022. This meant that some staff had forgotten elements of the training. Potentially, some people who had changed practice as a result of the training, may no longer have recognised it as connected to the training. However, the research also highlights the relatively enduring impact of the training.

The research design was finalised during the COVID-19 pandemic, meaning all interviews and focus groups were online. Potentially face-to-face data collection methods may have facilitated greater discussion.

It was originally proposed to interview women who had been detained in Govan custody suite to provide a valuable lived experience perspective. A stipulation of ethical approval was to interview only women who were currently being supported by Tomorrow's Women Glasgow (TWG). At the time of data collection, the relationship between TWG and Govan custody suite had broken down and no referrals were being made to the service. Despite multiple attempts to recruit alternative support services linked to the custody suite, it was not possible to recruit participants with lived experience of custody. A major limitation of the research is the absence of voices of people who had been detained in Govan custody suite since the training in 2020. Despite this, keyworkers from TWG were able to provide valuable insights from an external perspective.

9 Conclusions and Recommendations

9.1 Conclusion

The qualitative investigation of the impact of the NES trauma-training package on staff within a single custody provided a unique opportunity to investigate a service-level approach to trauma-informed approaches in custody. The research highlighted perceived barriers and opportunities for capitalising further on this pilot.

9.2 Recommendations for police

- **Developing an inter-agency approach is crucial to facilitate the best possible custody experience and referral pathways for people detained custody.**
 - i. Through working with external support services, more can be done to afford dignity and reduce shame for people in custody, through provision of toiletries, clothing etc.
 - ii. Joint training between custody staff and external support services would help facilitate the sharing of key information needed to ensure quality and appropriateness of referrals.
 - iii. Where possible, the use of in-house representatives from external services to provide support and advice to both service users and staff would help reduce the number of steps from first presentation to receiving support.

- **Trauma-informed training needs to be ongoing as one-off training limits reflection on, and development of, practical skills.**
 - i. Refresher training should be offered to identify ongoing gaps in understanding or application, and identify developments in best practice.
 - ii. Training must be responsive to the contexts that staff encounter, which may require augmenting of resources to ensure they are relevant to different staff groups.

- **Where staff can use their discretion regarding certain custody procedures (e.g., strip search, use of restraint), this should be communicated to them with clear guidance and support for justifying deviations from standard protocol.**

- **Services should pay greater attention to the application of trauma-informed approaches in police staff support.**
 - i. Risk management support offered to police officers should also be advertised and made available to custody staff, particularly in relation to critical incidents in custody.

- ii. Understanding and seeking support for vicarious trauma should feature more prominently in future trauma-informed training.

9.3 Recommendations for further research

- Research on the benefits of inter-agency working between police custody and support services is an area for potential development. Evaluation of cost-effectiveness is particularly warranted since one of the key drivers for interagency collaboration is to improve efficiency of services (Department of Health, 2014).
- Incorporate voices of those with lived experience of being detained in police custody into research

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